UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1998/P/L.1
18 November 1997

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1998
26-28 and 30 January 1998
Item 9 of the provisional agenda*

FOR INFORMATION

SUMMARY OF MID-TERM REVIEWS AND MAJOR EVALUATIONS OF COUNTRY PROGRAMMES

Eastern and Southern Africa region

SUMMARY

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The mid-term reviews and evaluations described in the present report were conducted during 1997.

INTRODUCTION

1. Three mid-term reviews (MTRs) were conducted in the Eastern and Southern Africa region (ESAR) during 1997, all in countries with relatively large programmes of cooperation with UNICEF. Of these, the reviews in Ethiopia and Zimbabwe had been concluded at the time of preparation of this report, while the review in Uganda was nearing completion and will be reported on fully in 1999.

2. The Eastern and Southern Africa Regional Office (ESARO), together with the Regional Management Team (RMT), is preparing an assessment of experience with the design, implementation and management of MTR processes in the region since 1995. Preliminary findings were provided during 1997 to the global working group preparing revised programme guidelines on MTRs, and a full report on experience in the region, incorporating lessons learned from the Uganda MTR, will be published by ESARO in early 1998. It is hoped that this analysis will be useful in the planning of MTRs in Eritrea, Madagascar, Mauritius and Swaziland, due to be held in 1998, and for other regions.

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COUNTRY MID-TERM REVIEWS

Ethiopia

3. The MTR of the 1994-1999 Ethiopia country programme was a joint Government of Ethiopia/UNICEF exercise, coordinated by the Ministry of Economic Development and Cooperation (MEDaC). Mechanisms were established for a systematic review of the nationwide and woreda (district-based) integrated basic services (WIBS) programmes. At the central level, committees were set up to review the overall country programme, sector programmes and projects. Other committees at the regional level reviewed both the nationwide and WIBS programmes. Zonal- and woreda-level authorities were fully involved in the regional reviews. In addition, the Government prepared a report, "Reoriented Programme of Action of UNICEF's 4th Country Programme for Ethiopia", which assessed programme performance and recommended measures in respect of the priorities, coordination and implementation modalities of UNICEF-assisted programmes.

4. The conclusions of the two review exercises were discussed during two review meetings, held in April 1997, which were attended by government ministers and sectoral officials, UNICEF technical staff and representatives of regional government authorities. The final meeting was co-chaired by the Vice-Minister of MEDaC and the Deputy Executive Director of UNICEF, and included senior UNICEF representatives from headquarters, ESARO and the country office. Other partners were not invited to participate in the review process as the Government has its own bilateral review mechanisms for this purpose. With these two simultaneous processes, it was felt that the programme had been subjected to a thorough and comprehensive review leading to important course corrections. A joint MEDaC/UNICEF working group was established at the final MTR meeting to determine and agree on follow-up actions.

5. The situation of children and women. Ethiopia's population is growing at a rate of 3.2 per cent per annum and is projected at 55 million. Based on the 1994 census, the infant and under-five mortality rates are estimated at 114 and 156 per 1,000 live births, respectively, in 1996. According to World Health Organization (WHO)/UNICEF estimates, maternal mortality stands at 1,400 per 100,000 live births. Some 64 per cent of children under five years old are stunted and 48 per cent have low weight-for-age. Malnutrition levels have been worsening over the past decade. Vitamin A and iodine deficiencies largely exceed the WHO cut-off level for a public health problem. The Ministry of Health and UNICEF believe that iron deficiency may be higher than earlier assumed and represents a major public health problem. Official estimates put the number of people infected with HIV at 1.7 million and the annual increase in adult cases at 6 per cent.

6. Little progress has been achieved in recent years in access to safe water or sanitation, which are estimated at 26 and 8 per cent, respectively. On the other hand, gross primary school enrolment has increased from 22.8 per cent in 1993 to 34.6 per cent in 1995/1996, with girls' participation increasing from 17.9 to 25.6 per cent. Education expenditure as a percentage of total government expenditure increased from 9.4 per cent in 1990/1991 to 13.8 per cent in 1995/1996. According to the 1994 census, it is estimated that over one half of all children between the ages of 10-14 years are economically active. A child labour policy has been formulated. Approximately 500,000 urban poor and out-of-school children are thought to be at extremely high risk of spending most of their time on the street. It is estimated that 98 per cent of women are affected by female genital mutilation.

7. Following ratification of the Convention on the Rights of the Child in 1991, a number of its provisions have been incorporated in the new Constitution. The Government has established committees at national and regional levels to oversee implementation of the Convention. The first report on implementation of the Convention was submitted to the Committee on the Rights of the Child and discussed in Geneva in 1996. Some 17 specific recommendations were made,

including publishing the full text of the Convention in the official gazette and pursuing the harmonization of existing legislation with the Convention.

8. Achievements and constraints. An assessment made in relation to the original country programme objectives for 1994-1999 shows that good progress has been made in the expanded programme on immunization (EPI), where coverage more than doubled between 1993 and 1996. Coverage for three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine and three doses of oral polio vaccine increased from 28 to 67 per cent and two doses of tetanus toxoid-plus for pregnant women from 12 to 36 per cent. Vitamin A supplementation has been integrated with routine EPI delivery. The goal of universal salt iodation was officially adopted, and more than 75 per cent of salt for human consumption was iodated by the end of 1996. Supporting legislation is being drafted in this area. In 1996, the first National Immunization Days were organized in nine urban centres, and preparations for polio eradication are well under way. The number of reported cases of guinea worm disease, endemic in two regions bordering the Sudan, has decreased from 1,252 in 1994 to 370 in 1996. A village-based surveillance system, reliant on volunteers, has shown the effectiveness of involving communities in disease control programmes.

9. The nationwide water and environmental sanitation programme has focused mainly on support to policy formulation. A draft framework for the water supply and sanitation policy has been developed, and in the remaining country programme period, the programme will refocus on capacity-building at subnational levels. The education programme has also centred on the promotion of policy formulation. An education and training policy was adopted in 1994, and the education sector development programme was formulated in 1996. Therefore, the programme will also be reoriented to capacity-building, with a particular emphasis on teacher training, curriculum development, distance education and girls' education. The social mobilization and communication programme has played a major role in mobilizing media, religious groups and professional associations for the cause of children and women. It has also strengthened national communication institutions. However, the benefit of this programme to the overall country programme has been questioned by the Government.

10. The programme development, monitoring and evaluation programme has supported the training of significant numbers of government and community representatives in participatory planning. However, there has been confusion about the responsibilities of various government implementing agencies with regard to monitoring and evaluation. The mobilization of non-governmental organizations (NGOs), another component of the same programme, achieved very little, since the Government had not yet finalized its policy regarding NGOs. The gender and development project has been instrumental in building capacity in gender-sensitive planning at various levels. During the period under review, it has become apparent that there needs to be a separate component for children and women in especially difficult circumstances.

11. The WIBS programme has absorbed one half of the country programme resources and covers 55 districts and some 10.5 per cent of the total population. It has made considerable progress in capacity-building, basic services delivery, and designing and implementing integrated grass-roots development programmes with an emphasis on children and women. There is general recognition by regional government authorities that community-based interventions are more effective in accelerating social development and that the WIBS programme has been able to reach disadvantaged members of communities. Attaining the original WIBS objectives, which were closely related to the goals of the World Summit for Children, has proved too ambitious within the time-frame of the country programme. However, it is notable that EPI coverage in areas supported by the programme, which are among the most disadvantaged in the country, has reached the national average. In the 14 woredas that began implementation in 1994, DPT3 coverage improved to 50 per cent in 1995 compared to an average of 21 per cent in 1993.

12. In addition to quantitative targets, the WIBS programme envisaged the empowerment of local communities as well as the building of capacity at all levels of Government to support grass-roots development activities. Results have been mixed. Much of the participation of beneficiaries in the programme has been through the local provision of labour and supplies. In some regions, community members have not participated directly in the preparation of woreda plans of action. Elsewhere, however, they have been involved in the management of grinding mills, credit and savings groups, water points and drug revolving funds. The baseline surveys undertaken by each woreda in the programme are used extensively for planning and monitoring, which is also supported by formats developed for these purposes. However, the lack of technical capacity at this level has implied strong support from regional and zonal administrations, whose limited involvement so far has been identified as a major constraint. The MTR indicated that more effective capacity-building is needed in participatory development processes, with a particular emphasis on women's participation.

13. Almost $8 million were raised to fund emergency assistance in the areas of health, nutrition, water, sanitation and education. Disaster mitigation, a capacity-building project under the regular programme, provided support to the early warning system and the pre-positioning of supplies.

14. All of the above programmes suffered from a number of similar constraints concentrated around operational issues such as delays in disbursement due to unliquidated cash assistance; delays in procurement; and a lack of well-synchronized phasing between cash and supply assistance. Another common constraint has been the relatively limited role played by regional and zonal administrations in the implementation of both the nationwide and district-based programmes. This has weakened the coherence of the country programme as originally conceived in the master plan of operations (MPO).

15. Assessment of programme strategies: lessons learned. The MTR process confirmed the overall strategies of the country programme as reflected in the MPO, which emphasized capacity-building and empowerment strategies within a framework of decentralization. However, substantial scope was found for streamlining and refining the programme and improving its operational modalities. Therefore, programme cooperation will be consolidated from six to five main nationwide programmes (health and nutrition, water and sanitation, education, gender and development, and disaster mitigation), with the district-based WIBS programme being retained in its original form. The new gender and development programme will include components for children and women in especially difficult circumstances and for promotion of the Convention. Under the monitoring and evaluation programme, MEDaC will coordinate, monitor, evaluate and build capacity to ensure effective implementation of both the nationwide and WIBS programmes. Implementing agencies will undertake specific monitoring and evaluation activities as part of their own programme budgets. Social mobilization and programme communication activities will be integrated in each sector programme, thereby eliminating the need for a separate programme.

16. Therefore, the country programme will continue to comprise a nationwide and an area-based component, with each component receiving one half of the available resources. Ninety per cent of the funding for nationwide programmes will be allocated to regional authorities, who will be directly responsible for implementation. The major lesson learned is that the programme should focus on building and utilizing government capacity at all levels. Thus, implementation modalities will change, sharply increasing the role and responsibilities of Government in planning, implementing, monitoring and evaluation.

17. Country programme management plan (CPMP). The streamlined structure of the nationwide programme will allow for greater focus and facilitate programme management for both MEDaC and the line ministries. A number of far-reaching changes in government policies have taken place since the formulation of the country programme in 1993/1994. New sector policies, strategies and investment programmes have been defined, notably in health and education. The roles and

functional relationships between the central level and the regional authorities are now clearly established, allowing the programme to adjust its operational modalities to provide more effective support. Against this background, the Government has requested UNICEF to close its four zonal offices in order to confer maximum responsibility to the regional, zonal and woreda administrations. At the same time, UNICEF has reorganized its Addis Ababa office to ensure optimal support to the planning and implementation of the country programme and to respond to the increasing concern for accountability by the Executive Board.

18. UNICEF and the Government have agreed to examine the possibility of greater government involvement in procurement operations, taking into account the global policies, procedures and regulations of UNICEF. The Government has also expressed concern about the programme support budget. The management of cash assistance will be facilitated by channelling all funds for districts supported under the WIBS programme through the Regional Bureaux for Economic Development and Planning. This will allow the Bureaux to assume more complete control of the programme and also accelerate accounting for cash assistance.

Zimbabwe

19. The Zimbabwe MTR, based on a participatory process lasting four months, culminated in a final meeting in May 1997. The main methodologies used were self-assessment questionnaires, completed by programme and project managers in Government, partner NGOs and UNICEF, and interviews with United Nations agencies based in Harare. The process was led by a task force composed of government, NGO and UNICEF members. Key focus areas were reviewed for each component of the country programme, including contributions to capacity-building, community participation, the promotion of child rights and the mainstreaming of gender concerns. Preliminary results were presented at an MTR Forum in March 1997 and subsequently to the newly-established joint Programme Development and Monitoring Committee (PDMC). The final review meeting, which agreed on modifications to the 1995-2000 country programme, as well as indicative directions for the subsequent programme, was chaired by the Director of Domestic and International Financing, Ministry of Finance. Attended by representatives from some 20 international and United Nations agencies, it was agreed that the next country programme should start in January 2000 in order to harmonize with the national planning cycle and the cycles of other United Nations agencies.

20. The situation of children and women. While most of Zimbabwe's major social indicators remain relatively good compared to much of sub-Saharan Africa, progress has slowed in the current decade. Much of this is attributable to the HIV/AIDS pandemic, which by 1996 was estimated to affect some 1.4 million people, with a prevalence rate among the adult population as high as 21 per cent. About 15 per cent of AIDS cases are among children under the age of five years. The National AIDS Coordination Programme has projected that 10 per cent of all children will be orphaned by the year 2000. Severe droughts in the early 1990s, as well as continued high levels of poverty and rising unemployment, have also contributed to reversals in some of the social gains of the 1980s. Despite efforts to protect public spending on health and education during the structural adjustment programme which began in 1990, it fell significantly in real terms during 1990-1995, along with overall government revenues.

21. Despite the success of the Ministry of Health in maintaining child immunization levels at or above 80 per cent for all antigens and increasing access to safe drinking water from 74 per cent in 1990 to 78 per cent in 1996, effects of the wider socio-economic difficulties are seen in a slight increase in the under-five mortality rate, estimated by the demographic and health survey at 75 per 1,000 live births in 1988 and 76 in 1994. There also seemed to be a marked increase in acute malnutrition among young children during the same period. This problem is most common in farming areas, but there have also been increases in child malnutrition in towns. Maternal mortality is estimated at 283 deaths per 100,000 live births. While the strong record in basic education coverage has been maintained, the HIV/AIDS pandemic and other factors have

increased the number of parents and care-givers in need of exemption from fees. The real declines in teachers' salaries and expenditures per student pose threats to learning quality. A further concern is the relatively low educational achievement rates of girls in farming and remote communities.

22. Major additional challenges to child rights and welfare have emerged during the programme period. Chief among these are the rapid increase in reported cases of sexual abuse of children and the rising numbers of street children and working children estimated at 12,000 and 50,000, respectively. In response to the AIDS situation and other trends, the Government developed a National Orphan Care Policy, with UNICEF support, and is revising the Child Protection and Adoption Act. New regulations have been adopted which provide a clearer definition of child labour, and a pilot project has been launched for the promotion of more child-friendly approaches to juvenile justice.

23. Achievements and constraints. The MTR analysis included an assessment of progress made in relation to the original country programme objectives. Good progress has been registered in some aspects of primary health care and nutrition, including the reduction of measles mortality, the near eradication of polio and towards the elimination of iodine deficiency disorders and neonatal tetanus. Legislation for the iodization of salt was implemented successfully. However, due partly to the AIDS pandemic, objectives for the reduction of protein-energy malnutrition and mortality due to diarrhoea and acute respiratory infections have not yet been reached. While antenatal care levels are above 90 per cent and site studies of the quality of care have been conducted, more emphasis is needed on maternal mortality reduction and women's health in general. Health financing studies were supported in three districts and used in policy development, while training and needs assessments were carried out with village community workers. In water and sanitation, with support from the programme, including emergency funds, 1 million people were served by new and rehabilitated water sources and 30,000 by new sanitation facilities. Participatory hygiene education approaches were piloted successfully and extension workers were trained as trainers in 29 districts. This has resulted in increased demand for hygiene facilities, which is being addressed through partnerships with NGOs. The testing of community-led water planning and maintenance systems in southern Zimbabwe has been successful and has led to plans for replication in all rural districts by the year 2000.

24. The programme for children in especially difficult circumstances also supported the development of national policy through a pilot community-based orphans care project in Masvingo province. Child welfare forums have been established as a basis for increasing national and local attention to child rights. Initially affected by shortages of supplementary funds, the education programmed registered achievements in promoting gender awareness in the education system and building national expertise for skills development among school managers. The AIDS prevention programme supported the incorporation of AIDS education in school curricula from Grade 4, the development and dissemination of materials to rural audiences and youth, and increased policy attention to AIDS prevention and care. However, with high levels of awareness documented among groups at risk, the need to develop approaches to communication focusing more directly on behavioural change remains.

25. As the impact of macrolevel trends on the welfare of children became apparent, the social policy development programme continued to support sentinel site surveys for monitoring the social dimensions of structural adjustment and drought, the findings of which were used in national programme and policy formulation. However, it still remains to fully institutionalize this activity, perhaps as part of a national poverty monitoring system. Issue-specific studies were completed in strategic policy areas, including on social safety nets, child supplementary feeding, and children and women living in mining areas. Support was given to the formulation of a national policy on gender and of indicators for monitoring the status of women. A local language version of the Convention

on the Rights of the Child was produced as a basis for local dissemination, and increased media attention to child rights issues has been promoted.

26. Experience in several programmes has demonstrated both the feasibility and importance, for sustained outcomes, of community-based, participatory approaches. While behavioural change, linked to participation and effective communication, is key to most programme areas, the development of monitoring indicators for behavioural outcomes and of strongly integrated communication and training strategies has been relatively weak in most sectors. The MTR found that the methodological approaches to training required more systematic planning and assessment, as well as the strengthening of supervision and other forms of support, if they are to be successful in building capacity.

27. Assessment of programme strategies: lessons learned. Based on the analysis of achievements and constraints, the MTR concluded that strategic as well as structural modifications were needed to increase the effectiveness of the country programme. At the same time, newly-emerging threats to children need to be addressed. It was agreed that UNICEF cooperation in Zimbabwe should continue to build on strong programme achievements in research, evaluation and the testing of participatory approaches. The Government will reinforce its role as key implementor of child-focused programmes, based on partnerships with communities and NGOs where appropriate, while UNICEF will define its role more clearly as a facilitator and catalyst to such programmes. The remaining period of the current programme will see a stronger focus on sustainability of outcomes through more systematic approaches to capacity-building, continued promotion of community empowerment and enhanced mainstreaming of gender issues. While both greater selectivity in and integration of activities are required to increase effectiveness, the programme will also need to increase its emphasis on addressing the needs of highly vulnerable groups, including abused children, children with disabilities, and those residing in mining and peri-urban areas and on commercial farms. Priorities agreed by the MTR for the next country programme include the adoption of an analytical framework based explicitly on child rights and the expansion of alliances for children using this framework.

28. CPMP. The management review undertaken as part of the MTR introduced modifications to the programme structure which reflected the conclusions of the process. Responding to the identified need for greater focus and ease of management, the number of programme components was reduced from eight to five, with a functional unit established to support communication and training across all programme sectors. Work on social sector financing will now focus on the health sector, including the district level. To promote greater mainstreaming, the separate women's programme has been discontinued, with advocacy and monitoring for women's rights being integrated with child rights promotion. Activities for AIDS education in schools have been brought under the education programme, while child protection and AIDS information for high-risk groups have been consolidated under one programme. Social policy and monitoring and evaluation have also been merged. The consolidation exercise has reduced the number of projects supported by the country programme from 26 to 16 without a major reduction in the scope of activities. Meanwhile, the UNICEF Zimbabwe office structure has been rationalized to bring together all cross-sectoral programme components under the responsibility of one section. Management of the health and education programmes will be undertaken primarily by national officers, given the depth of expertise in Zimbabwe in these areas. Operations functions will also be consolidated and their monitoring made easier and more closely related to national planning by the increased channelling of cash assistance through the National Development Fund under the Ministry of Finance.

COUNTRY PROGRAMME AND REGIONAL EVALUATION WORK

29. A regional strategy for strengthening programme evaluation work, was approved by the ESAR RMT in 1997, is being implemented. The major foci of the strategy are: support to country-level evaluation planning; capacity- building; quality control; and the identification of regional evaluation priorities.

30. Most country offices in the region are now using integrated monitoring and evaluation plans, which are updated, with advice where needed, from the regional office as part of mid-term and other reviews. Meanwhile, support to country-level capacity-building has begun to focus on modalities other than training workshops. A "mentoring system" has been developed in which evaluation focal points can be "twinned" with a senior evaluator in a research institution or university. The impact of this approach will be assessed in early 1998. Electronic networking has expanded rapidly. Over 14 ESAR countries are now part of a "Cross-Country and International Evaluation Network", hosted jointly by ESARO and Palmer University (United States) under the umbrella of an international association. The network already includes over 50 UNICEF staff and 230 evaluators worldwide. Participants are able to transmit queries, advice and announcements and to resolve methodological problems, such as how to conduct surveys of nomadic populations. ESARO has encouraged UNICEF network users to distribute terms of reference of forthcoming evaluations for peer review. The network is also being used to invite consultants to tender for planned evaluations, which promotes transparency and a wider catchment for recruitment. Research institutions and NGOs in several ESAR countries are using the network, and the next stage will be to extend access among government counterparts.

31. Other measures agreed under the regional strategy include the systematic reporting by country offices on the status of all planned evaluations and the assignment of responsibility for quality control of evaluations to a focal point in each office. The incorporation of detailed reporting on evaluation activities in the UNICEF global guidelines on annual reporting will also assist the ESAR RMT in closely monitoring regional evaluation trends as from 1998.

32. Based on a preliminary assessment, it appears that the level of evaluation activity in ESAR has increased, after a temporary drop in 1995-1996 associated with the focus on the implementation of the first multiple indicator cluster surveys. New priority areas for evaluation have emerged, with a growing number of reviews of national legislation on child rights and more attention to issues of capacity-building, positive behavioural change and empowerment. Some of the new areas are illustrated in the examples of major evaluations described below.

Review of training for capacity-building: United Republic of Tanzania

33. The 1992-1996 United Republic of Tanzania country programme included capacity-building as a key strategy for achievement of the overall goal "to improve capabilities at community, district and national levels to assess, analyse and take actions to reduce rates of mortality and malnutrition". This formulation took into account a situation in which human resource capacities for effective management of social development programmes were seriously lacking at all levels. Roughly one half of direct financial support under the programme was targeted to training activities, the effectiveness of which was, therefore, key to the capacity-building strategy.

34. The review, undertaken by a team comprising the heads of training in the Tanzania Food and Nutrition Council and the Ministries of Education and Health, as well as an external evaluator, contained four case studies and was based on field visits and analysis of documents at national, district and community levels. Training strategies were evaluated in terms of the formation of core training teams, the development of manuals and modules, training methodologies, target groups, follow-up and outcomes. It was found that while problem identification methods were generally adequate, most individual training events lacked a curriculum and were not based on specific needs assessments. However, three exemplary approaches to community-based training were noted in visits to Zanzibar, Kisarawe and Kilosa, and it was suggested that these examples be widely disseminated. The team found that significant cost reductions could be obtained by establishing district teams for the training of trainers and by making greater use of village or small town venues. The review also recommended closer collaboration between district planners and local training institutes, as well as a national training registry, and stressed that all training events should establish a curriculum and undertake training needs and impact analyses.

Empowerment and participation evaluation: visualization in participation planning in Zambia, 1994-1997

35. Since the early 1990s, Zambia has undertaken widespread reforms to promote decentralization and capacity-building in sectors such as health, water and local administration. Increased participation at all levels is seen as essential to the success of these efforts. In this context, the UNICEF-assisted country programme initiated widespread training in a methodology known as visualization in participatory planning (VIPP). This approach seeks to break down the "seminar culture", in which hierarchical relations tend to prevail, through an emphasis on group processes, information pooling and building of consensus. During 1994-1997, some 14 per cent of training expenditures under the country programme were used for training and group events using the VIPP method. Some 85 VIPP events were held, and 380 facilitators were trained at a start-up cost of about $200,000.

36. The indicators used to measure the degree to which the "planning culture" has become more participatory included indicators of empowerment (e.g. information-sharing and problem-solving) and of the enabling environment. The evaluation of the VIPP technique itself considered initial reactions, the degree of acceptance, commitment and impact. Primary data collection was based on key informant interviews, participatory group events and document reviews.

37. The major findings were that the VIPP approach had been effective in increasing participation in planning and that the trained facilitators often continued to use the methodology in a self-initiated manner. Six Zambian government agencies and NGOs had adopted the VIPP approach as an important part of their training activities. While a local VIPP training officer had been hired initially, it was found that the process was now largely self-sustaining.

External evaluation component of the Uganda mid-term review process

38. The 1995-2000 Uganda country programme contains several strategic innovations, and the 1997 MTR is providing a formative assessment of progress in these areas. The programme was designed to facilitate the Government's far-reaching decentralization policies in areas of specific concern for children, including through the creation of an enabling policy environment and promotion of positive behavioural change. As functions and resources have gradually been transferred to districts, the programme has supported the design of district plans of action for children and intensive efforts for capacity-building in local government. Inputs to the MTR have included a wide range of studies on specific programme issues, self-assessments by programme managers and an external evaluation of the entire programme. The preliminary results of the evaluation are outlined below.

39. The evaluation was led by a member of the Ugandan Parliament, and team members included representatives from the Swedish International Development Authority, the Department for International Development (United Kingdom), Save the Children Fund (United Kingdom), two Ugandan research and development agencies and the UNICEF Regional Office. The team used a range of mainly participatory and qualitative methodologies, including key informant interviews at district level, focus group discussions and questionnaires. Draft recommendations were discussed with the country programme management team (CPMT) comprising government and UNICEF staff.

40. The intersectoral emphasis of the new programme was found to be well appreciated by government respondents and was viewed as an important complement to national sector-based activities. However, the initial stages of the change of emphasis from sectoral service delivery to decentralized capacity-building approaches posed significant challenges to the CPMT. New skills were required in areas such as information management and communication, for which training materials and expertise were not readily available. Given that significant progress had been achieved in strengthening gender analysis, it was suggested that other cross-cutting skills should be prioritized for future training.

While the district plans of action for children were seen to have been useful in increasing attention to child-related issues, they now required integration with broader district plans. The wider use of indicators for assessing the quality and impact of capacity-building activities and for measuring changes in behaviour was seen as a major priority for the next phase of the programme.

41. The evaluation concluded that, while the programme strategy was complex and required time to be fully absorbed, the multisectoral "component" approach is appropriate for promoting community ownership of activities as well as for pursuing programme goals in a sustainable way. Progress would be facilitated by simplification of implementation methods, more emphasis on coordination at the district level and improved supervisory support of service providers.

Study of knowledge, attitudes and practice on malaria in Zanzibar

42. The knowledge, attitudes and practice (KAP) study on malaria in Zanzibar is an example of the type of programme evaluation that should become routine. Malaria is a major health problem in Zanzibar, and the study was undertaken as a prelude to increased support in this area by the Zanzibar component of the country programme in the United Republic of Tanzania. Recent evaluative work has tended to focus on the impact of impregnated bednets in malaria prevention. The KAP study has identified the need for additional, complementary strategies for effective overall malaria control.

43. The study was undertaken in 11 villages by the staff of the Zanzibar Ministry of Health and the National Institute for Medical Research using qualitative participatory methodologies, including key informant interviews, in-depth interviews of villagers, focus group discussions, group interviews with schoolchildren and local observation. Malaria-related fevers were cited as the most significant health problem faced by communities, with dirty water, changes in the weather, hot weather and the lack of food believed to be the main causes. Only 34 per cent of respondents associated malaria with mosquito bites. Some believed that nothing could be done to protect children, while others felt that malaria could be prevented by boiling drinking water and keeping children clean. Febrile convulsions were managed by covering children in black clothes and rubbing them with strong smelling leaves and roots. The drugs most often used to treat malaria were analgesics obtained from local shops.

44. The study recommended that local malaria control measures include the provision of guidelines for shopkeepers on drugs dispensing, training of health workers and the development of communication interventions on recognition, and first aid care of the symptoms of severe malaria in the home. The design of health education activities should take into account local perceptions of the causes and transmission of malaria. Support should also be given to awareness activities in schools. It was suggested that the control strategy in Zanzibar should adopt a broad public health approach, emphasizing increased community understanding of the disease and the appropriate role of drugs in addressing it.